Fill in this information to identify your case:						
Debtor 1	Merril E Shaw					
	First Name	Middle Name	Last Name			
Debtor 2	Sherry D Shaw					
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT C	PF MICHIGAN			
_	19-20700					
(if known)						

Check if this is an amended filing

### Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

			assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	54,470.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	41,120.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	95,590.00
Par	t 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	81,369.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	38,163.00
	Your total liabilities	\$	119,532.00
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	3,900.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	3,872.00
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sc	hedules.
7.	■ Yes What kind of debt do you have?		

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

page 1 of 2

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the court with your other schedules.

Best Case Bankruptcy

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

Case number (if known) 19-20700

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

2,600.00

\$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	)
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

Fill in thi	is information	to identify ve	our case and th	nis filinc	a:			
Debtor 1		rril E Shaw						
Debior 1		Name		e Name	Last Name			
Debtor 2	2 Sh	erry D Shav	v					
(Spouse, if f	filing) First	Name	Middle	e Name	Last Name			
United St	States Bankrupto	cy Court for th	e: EASTERN	DISTRI	CT OF MICHIGAN			
Case nur	mber <u>19-20</u> 7	700						☐ Check if this is an amended filing
n each ca hink it fits nformatio	s best. Be as co	ely list and des mplete and ac	cribe items. List	le. If two	only once. If an asset fits in more than o married people are filing together, both a his form. On the top of any additional pag	re equally resp	onsible for su	pplying correct
. <b>Do you</b>	own or have an	y legal or equi			Estate You Own or Have an Interest In lence, building, land, or similar property?			
Do you No. (	ı own or have an	y legal or equi		any resid	lence, building, land, or similar property?			
. <b>Do you</b> No. ( Yes.	own or have an	y legal or equi		any resid	lence, building, land, or similar property?	Do not dod		ing as assembling Dut
. Do you  No. 0 Yes.	own or have an Go to Part 2.  Where is the pro	y legal or equi	table interest in a	any resid	lence, building, land, or similar property?	the amount	of any secure	nims or exemptions. Put d claims on Schedule D: ns Secured by Property.
. Do you  No. ( Yes.  1.1  309  Stree	Go to Part 2.  Where is the pro	y legal or equi	table interest in a	What	lence, building, land, or similar property?  It is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land	Current va	t of any secured Who Have Clain lue of the perty?	d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?
. <b>Do you</b> □ No. 0 ■ Yes.  1.1 309 Stree	Go to Part 2.  Where is the property of the pr	y legal or equi	table interest in a	What	lence, building, land, or similar property?  It is the property? Check all that apply  Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home	Current va entire prop	t of any secured who Have Claim lue of the perty?  30,000.00 he nature of y	d claims on Schedule D: ns Secured by Property.  Current value of the
. Do you  No. ( Yes.  1.1  309  Stree	Go to Part 2.  Where is the property of the pr	y legal or equi	table interest in a	What	t is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other	Current va entire prop	t of any secured who Have Clair lue of the perty?  30,000.00 he nature of yee simple, tense), if known.	d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$30,000.00 our ownership interest
No. 0 Yes.  1.1 309 Stree	Go to Part 2.  Where is the property of the pr	y legal or equi	table interest in a	What	t is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one	Current va entire prop	t of any secured who Have Clair lue of the perty?  30,000.00 he nature of yee simple, tense), if known.	d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$30,000.00 our ownership interest

Debt				Case	e number (if known) 19-	20700
	lf you own or h	ave more	than one, list			
1.2	0705 D' L D L			What is the property? Check all that apply		
	2785 Ridge Rd Street address, if availa	hlo or other de	porintion	Single-family home	Do not deduct secured cl	
	Street address, if availa	ble, or other des	scription	Duplex or multi-unit building Condominium or cooperative	the amount of any secure Creditors Who Have Clai	
				■ Manufactured or mobile home		
	Harrison	MI	48625-0000	☐ Land	Current value of the entire property?	Current value of the portion you own?
-	City	State	ZIP Code	□ Investment property	\$24,470.00	\$24,470.00
				☐ Timeshare	Describe the nature of a	our ownership interest
				Other	(such as fee simple, ter	ancy by the entireties, or
				Who has an interest in the property? Check one  Debtor 1 only	a life estate), if known. Life Estate	
_	Clare			Debtor 2 only		
	County			Debtor 1 and Debtor 2 only	☐ Check if this is con	nmunity property
				At least one of the debtors and another	(see instructions)	
				Other information you wish to add about this iten property identification number:	m, such as local	
				Life estate from deceased mother, to I	Merril Shaw and wife	for life then to
				their nephew		
p	ages you have a	ttached for			v entries for	\$54,470.00
Part 2 Do you some of the company of	Describe Your \ u own, lease, or one else drives. If rs, vans, trucks,	ttached for ehicles have legal you lease a	or equitable inte	or all of your entries from Part 1, including any it number hereerest in any vehicles, whether they are registered ort it on Schedule G: Executory Contracts and Unit	v entries for	\$54,470.00
Part 2 Do you some of the company of	Describe Your \ u own, lease, or one else drives. If rs, vans, trucks, \ \( \text{Vo} \)	ttached for fehicles have legal you lease a tractors, sp	or equitable inte vehicle, also report utility vehicl	or all of your entries from Part 1, including any at number here	ed or not? Include any vexpired Leases.	\$54,470.00 ehicles you own that
Part 2 Do you some of the company of	Describe Your N u own, lease, or one else drives. If rs, vans, trucks, No Yes  Make: Chev	ttached for rehicles  have legal you lease a  tractors, sp	or equitable intervehicle, also report utility vehicle	or all of your entries from Part 1, including any it number here	ventries for	\$54,470.00  ehicles you own that  laims or exemptions. Put ed claims on Schedule D:
Part 2 Do you some of the company of	Describe Your Now own, lease, or one else drives. If rs, vans, trucks, No Yes  Make:  Model:  Chev Silve	ttached for rehicles  have legal you lease a  tractors, sp	or equitable intervehicle, also report utility vehicle	or all of your entries from Part 1, including any it number here	ventries for	\$54,470.00 ehicles you own that
Part 2 Do you some of the company of	Describe Your Now own, lease, or one else drives. If rs, vans, trucks, Now Yes  Make:  Model: Year:  Mages you have a  Chev Silve 1987	ttached for rehicles  have legal you lease a tractors, sp	or equitable intervehicle, also report utility vehicle	or all of your entries from Part 1, including any it number here	ded or not? Include any vexpired Leases.  Do not deduct secured of the amount of any secure Creditors Who Have Cla	\$54,470.00  ehicles you own that  laims or exemptions. Put ed claims on Schedule D: ims Secured by Property.  Current value of the
Part 2 Do you some of the company of	Describe Your Now own, lease, or one else drives. If rs, vans, trucks, No Yes  Make:  Model: Year:  Approximate miles	ttached for rehicles  have legal you lease a tractors, sp	or equitable intervehicle, also report utility vehicle	their nephew  or all of your entries from Part 1, including any at number here	ped or not? Include any vexpired Leases.  Do not deduct secured content amount of any secure Creditors Who Have Cla	\$54,470.00  ehicles you own that  laims or exemptions. Put ed claims on Schedule D: ims Secured by Property.
Part 2 Do you some of the company of	Describe Your Now own, lease, or one else drives. If rs, vans, trucks, No Yes  Make:  Model: Year:  Approximate miles Other information:	ttached for  'ehicles  have legal you lease a  ttractors, sp  rolet rado	or equitable intervehicle, also report utility vehicle	or all of your entries from Part 1, including any it number here	ded or not? Include any vexpired Leases.  Do not deduct secured of the amount of any secure Creditors Who Have Cla	\$54,470.00  ehicles you own that  laims or exemptions. Put ed claims on Schedule D: ims Secured by Property.  Current value of the
Part 2 Do you some of the company of	Describe Your Now own, lease, or one else drives. If rs, vans, trucks, No Yes  Make:  Model: Year:  Approximate miles	ttached for /ehicles have legal you lease a ttractors, sp	or equitable intervehicle, also report utility vehicle  135000	their nephew  or all of your entries from Part 1, including any at number here	ded or not? Include any vexpired Leases.  Do not deduct secured of the amount of any secure Creditors Who Have Cla	\$54,470.00  ehicles you own that  laims or exemptions. Put ed claims on Schedule D: ims Secured by Property.  Current value of the
Part 2 Do you some of the company of	u own, lease, or one else drives. If rs, vans, trucks, No Yes  Make: Chev Model: Year: 1987 Approximate miles Other information: Location: 278	ttached for /ehicles have legal you lease a tractors, sp	or equitable intervehicle, also report utility vehicle  135000	their nephew  or all of your entries from Part 1, including any it number here	Do not deduct secured continuous wheeling the amount of any secure Creditors Who Have Clate Current value of the entire property?  \$500.00	\$54,470.00  ehicles you own that  laims or exemptions. Put ed claims on Schedule D: ims Secured by Property.  Current value of the portion you own?  \$500.00
Part 2 Do yo some	Describe Your Now own, lease, or one else drives. If rs, vans, trucks, Now Yes  Make: Chev Model: 1987 Approximate milea Other information: Location: 278 Harrison MI 4	ttached for /ehicles have legal you lease a tractors, sp  rolet rado  ge:  5 Ridge R 8625	or equitable intervehicle, also reproduct utility vehicle  135000  d,	their nephew  or all of your entries from Part 1, including any at number here	Do not deduct secured continuous wheel the amount of any secure Creditors Who Have Class Current value of the entire property?  \$500.00	\$54,470.00  ehicles you own that  laims or exemptions. Put ed claims on Schedule D: ims Secured by Property.  Current value of the portion you own?

Debtor 1 and Debtor 2 only

(see instructions)

☐ At least one of the debtors and another

 $\hfill\square$  Check if this is community property

Approximate mileage:

Harrison MI 48625

Location: 2785 Ridge Rd,

Other information:

200000

\$2,000.00

portion you own?

entire property?

\$2,000.00

Debto Debto		lerril E Shaw herry D Shaw	Cas	se number (if known) 19-	20700
3.3	Make: Buick Model: Lucerne		Who has an interest in the property? Check one  Debtor 1 only	the amount of any secure	laims or exemptions. Put ed claims on Schedule D: ims Secured by Property.
	Year:	2008	Debtor 2 only	Current value of the	Current value of the
		mate mileage: 142000	Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
	Other in	formation:	☐ At least one of the debtors and another		
		on: 2785 Ridge Rd, on MI 48625	☐ Check if this is community property (see instructions)	\$4,900.00	\$4,900.00
	<i>mples:</i> B		nd other recreational vehicles, other vehicles, and tercraft, fishing vessels, snowmobiles, motorcycle ad		
4.1	Make:	12' Fishing Boat	Who has an interest in the property? Check one		
7.1	wake.	12 Fishing Boat	Who has an interest in the property: Check the		laims or exemptions. Put ed claims on Schedule D:
	Model:	Aluminum	Debtor 1 only		ims Secured by Property.
	Year:	1980s	Debtor 2 only	Current value of the	Current value of the
			■ Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other in	formation:	☐ At least one of the debtors and another		
		on: 2785 Ridge Rd, on MI 48625	☐ Check if this is community property (see instructions)	\$100.00	\$100.00
6. <b>Ho</b> o	u <b>sehold</b> amples: No	or have any legal or equitable in goods and furnishings Major appliances, furniture, linens	terest in any of the following items? , china, kitchenware		Current value of the portion you own? Do not deduct secured claims or exemptions.
		Furniture			\$2,500.00
	ctronics amples:	<u> </u>	eo, stereo, and digital equipment; computers, printer	s, scanners; music collecti	
		escribe	ieula players, games		
		Electronics			\$1,500.00
		<u> </u>			<u> </u>
Ex	amples:	s of value Antiques and figurines; paintings, other collections, memorabilia, co	prints, or other artwork; books, pictures, or other art illectibles	objects; stamp, coin, or ba	seball card collections;
		escribe			
		for sports and hobbies Sports, photographic, exercise, ar musical instruments	nd other hobby equipment; bicycles, pool tables, golf	clubs, skis; canoes and ka	ayaks; carpentry tools;
	No	soloai monumonto			

	btor 1 btor 2	Merril E Shar Sherry D Sha				Case number (if known)	19-20700
	Yes.	Describe					
			Kayak	(			\$150.00
	□ No		s, shotgur	ns, ammunition, a	and related equipment		
			Firear	ms			\$500.00
	□ No		clothi		designer wear, shoes, accessor	ies	\$500.00
			Ciotiii	ng			φ300.00
	No		welry, cos	stume jewelry, en	gagement rings, wedding rings,	, heirloom jewelry, watches, gems, ç	gold, silver
	Examp ■ No	rm animals oles: Dogs, cats, I	oirds, hor	rses			
	■ No	her personal and		-	lid not already list, including a	any health aids you did not list	
	. Add t	he dollar value o	of all of y	our entries from	n Part 3, including any entries	s for pages you have attached	\$5,150.00
		scribe Your Finan					
Do	you ow	n or have any le	egal or e	quitable interest	in any of the following?		Current value of the portion you own?  Do not deduct secured claims or exemptions.
	■ No			•	home, in a safe deposit box, a	nd on hand when you file your petiti	on
	Examp				ccounts; certificates of deposit; nts with the same institution, lis	shares in credit unions, brokerage lateach.	nouses, and other similar
	□ No ■ Yes				Institution name:		
			17.1.	Checking	Chase Bank		\$25.00
			17.2.	Savings	Chase Bank		\$25.00

	ebtor 1 ebtor 2	Merril E Sha Sherry D Sl			Ca	ase number (if known)	19-20700
			17.3.	Checking	Chase Bank		\$10.00
			17.4.	Savings	Chase Bank		\$10.00
			17.5.	Checking	Chemical Bank		\$2,000.00
18.	Examp ■ No			cly traded stocks ent accounts with bro	okerage firms, money market accounts		
19.	Non-pu joint ve ■ No		tock and	interests in incorpo	orated and unincorporated businesses,	including an interest	t in an LLC, partnership, and
	☐ Yes.	Give specific in		about them me of entity:		% of ownership:	
20.	Negotia Non-ne ■ No	able instrument	s include p ments are	personal checks, cas those you cannot tra	tiable and non-negotiable instruments hiers' checks, promissory notes, and monnester to someone by signing or delivering	•	
	<b>—</b> 103. (	orve specific in		uer name:			
21.		nent or pension les: Interests in			03(b), thrift savings accounts, or other per	ısion or profit-sharing p	plans
	Yes. I	List each accou		ely. of account:	Institution name:		
			401(k	<b>(</b> )	401(k) through employer		\$19,000.00
22.	Your sh		ed deposit	s you have made so	that you may continue service or use fron public utilities (electric, gas, water), telecon		ies, or others
	■ No □ Yes				Institution name or individual:		
23.	Annuiti	es (A contract t	for a perio	dic payment of mone	ey to you, either for life or for a number of y	rears)	
	☐ Yes	l:	ssuer nam	e and description.			
24.		<b>s in an educat</b> C. §§ 530(b)(1),			ualified ABLE program, or under a qual	ified state tuition pro	gram.
	☐ Yes	lı	nstitution r	name and description	n. Separately file the records of any interes	sts.11 U.S.C. § 521(c):	
25.	Trusts, ■ No	equitable or fo	uture inte	rests in property (o	ther than anything listed in line 1), and	rights or powers exe	rcisable for your benefit
	☐ Yes.	Give specific in	formation	about them			
26.					nd other intellectual property ds from royalties and licensing agreement	s	
	_	Give specific in	formation	about them			

<ul> <li>27. Licenses, franchises, and othe Examples: Building permits, exi</li> <li>No</li> </ul>		oldings, liquor licenses, professional licens	es
☐ Yes. Give specific information	about them		
Money or property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28. <b>Tax refunds owed to you</b> ■ No □ Yes. Give specific information	about them, including whether you alread	y filed the returns and the tax years	
29. Family support  Examples: Past due or lump su  No  ☐ Yes. Give specific information		, maintenance, divorce settlement, property	settlement
	oility insurance payments, disability benefins you made to someone else	ts, sick pay, vacation pay, workers' comper	nsation, Social Security
31. Interests in insurance policies  Examples: Health, disability, or  □ No		SA); credit, homeowner's, or renter's insurar	nce
	mpany name:	Beneficiary:	Surrender or refund value:
	udential Life Insurance Policy - Ca llue	Sherry Shaw	\$7,400.00
		rance policy, or are currently entitled to rece	eive property because
	rhether or not you have filed a lawsuit of ent disputes, insurance claims, or rights to		
	ated claims of every nature, including o	counterclaims of the debtor and rights to	set off claims
35. Any financial assets you did n ■ No	•		
	your entries from Part 4, including any here		\$28,470.00

Debto Debto			Case number (if known)	19-20700
37. <b>D</b> o	you own or have any legal or equitable interest in any business-related	d property?		
1	No. Go to Part 6.			
	Yes. Go to line 38.			
Part 6	Describe Any Farm- and Commercial Fishing-Related Property You of If you own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
_	o you own or have any legal or equitable interest in any farm-	or commercial fishin	g-related property?	
	No. Go to Part 7.			
	Yes. Go to line 47.			
Part 7	Describe All Property You Own or Have an Interest in That You	Did Not List Above		
E	o you have other property of any kind you did not already list? Examples: Season tickets, country club membership  No  Yes. Give specific information		·	
54.	Add the dollar value of all of your entries from Part 7. Write tha	t number here		\$0.00
Part 8	List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$54,470.00
56.	Part 2: Total vehicles, line 5	\$7,500.00		
57.	Part 3: Total personal and household items, line 15	\$5,150.00		
58.	Part 4: Total financial assets, line 36	\$28,470.00		
	Part 5: Total business-related property, line 45	\$0.00		
	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$41,120.00	Copy personal property to	stal <b>\$41,120.00</b>
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$95,590.00

Fill in this inform	mation to identify your	case:		
Debtor 1	Merril E Shaw			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		EASTERN DISTRICT C	DF MICHIGAN	
Case number	19-20700			
(if known)				☐ Check if this is an amended filing

### Official Form 106C

# Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Pa	It 1: Identify the Property You Claim as E	xempt								
1.	Which set of exemptions are you claiming	hich set of exemptions are you claiming? Check one only, even if your spouse is filing with you.								
	☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)									
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.									
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption					
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.						
De	ebtor 1 Exemptions 2785 Ridge Rd Harrison, MI 48625	\$24,470.00		\$12,235.00	11 U.S.C. § 522(d)(1)					
	Clare County Life estate from deceased mother, to Merril Shaw and wife for life then to their nephew Line from Schedule A/B: 1.2			100% of fair market value, up to any applicable statutory limit						
	1987 Chevrolet Silverado 135000 miles	\$500.00		\$500.00	11 U.S.C. § 522(d)(5)					
	Location: 2785 Ridge Rd, Harrison MI 48625 Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit						
	2001 Buick Lesabre 200000 miles Location: 2785 Ridge Rd, Harrison MI	\$2,000.00		\$2,000.00	11 U.S.C. § 522(d)(2)					
	<b>48625</b> Line from <i>Schedule A/B</i> : <b>3.2</b>		100% of fair market value, up to any applicable statutory limit							
	1980s 12' Fishing Boat Aluminum Location: 2785 Ridge Rd, Harrison MI	\$100.00		\$100.00	11 U.S.C. § 522(d)(5)					
	<b>48625</b> Line from <i>Schedule A/B</i> : <b>4.1</b>			100% of fair market value, up to any applicable statutory limit						

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 4

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from Schedule A/B		ount of the exemption you claim	Specific laws that allow exemption
Furniture Line from Schedule A/B: 6.1	\$2,500.00		\$1,250.00  100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Electronics Line from Schedule A/B: 7.1	\$1,500.00		\$750.00  100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Kayak Line from Schedule A/B: 9.1	\$150.00		\$75.00  100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Firearms Line from Schedule A/B: 10.1	\$500.00		\$250.00  100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Clothing Line from Schedule A/B: 11.1	\$500.00		\$250.00  100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Checking: Chase Bank Line from Schedule A/B: 17.1	\$25.00		\$25.00  100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Savings: Chase Bank Line from Schedule A/B: 17.2	\$25.00	<b>■</b>	\$25.00  100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Checking: Chemical Bank Line from Schedule A/B: 17.5	\$2,000.00		\$1,000.00  100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
401(k): 401(k) through employer Line from Schedule A/B: 21.1	\$19,000.00	<b>■</b>	\$19,000.00  100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(12)
Prudential Life Insurance Policy - Cash Value Beneficiary: Sherry Shaw Line from Schedule A/B: 31.1	\$7,400.00		\$7,400.00  100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(8)
Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every  No  Yes. Did you acquire the property cover  No  Yes	3 years after that for ca	ises fi	,	•

Official Form 106C

Fill in this information to identify your case:						
Debtor 1						
	First Name	Middle Name	Last Name			
Debtor 2	Sherry D Shaw					
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States B	ankruptcy Court for the:	EASTERN DISTRICT C	F MICHIGAN			
Case number	19-20700					
(if known)					Check if this is	
					amended filing	

#### Official Form 106C

# Schedule C: The Property You Claim as Exempt

4/19

this is an

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Pa	Int 1: Identify the Property You Claim as E	xempt						
1.	Which set of exemptions are you claiming	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.						
	☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)							
	■ You are claiming federal exemptions. 11 l	J.S.C. § 522(b)(2)						
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.							
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the Amount of the exemption you claim portion you own		Specific laws that allow exemption				
		Copy the value from Schedule A/B	Check only one box for each exemption.					
De	ebtor 2 Exemptions 2785 Ridge Rd Harrison, MI 48625 Clare County	\$24,470.00		\$12,235.00	11 U.S.C. § 522(d)(1)			
	Life estate from deceased mother, to Merril Shaw and wife for life then to their nephew Line from Schedule A/B: 1.2			100% of fair market value, up to any applicable statutory limit				
	Furniture Line from Schedule A/B: 6.1	\$2,500.00		\$1,250.00	11 U.S.C. § 522(d)(3)			
	Line Irom Scriedule A/B. 0.1			100% of fair market value, up to any applicable statutory limit				
	Electronics Line from Schedule A/B: 7.1	\$1,500.00		\$750.00	11 U.S.C. § 522(d)(3)			
	Line Irom Scriedule A/B. 7.1			100% of fair market value, up to any applicable statutory limit				
	Kayak Line from Schedule A/B: 9.1	\$150.00		\$75.00	11 U.S.C. § 522(d)(5)			
	Line from Schedule A/B: 9.1			100% of fair market value, up to any applicable statutory limit				

Official Form 106C

Schedule C: The Property You Claim as Exempt

	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption		
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.			
	Firearms Line from Schedule A/B: 10.1	\$500.00		\$250.00	11 U.S.C. § 522(d)(5)		
	Line Holli Schedule PAB. 10.1			100% of fair market value, up to any applicable statutory limit			
	Clothing Line from Schedule A/B: 11.1	\$500.00		\$250.00	11 U.S.C. § 522(d)(3)		
	Line Ironi Schedule AVD.			100% of fair market value, up to any applicable statutory limit			
	Checking: Chase Bank Line from Schedule A/B: 17.3	\$10.00		\$10.00	11 U.S.C. § 522(d)(5)		
	Ellie Holli ochleddic PAB. This			100% of fair market value, up to any applicable statutory limit			
	Savings: Chase Bank Line from Schedule A/B: 17.4	\$10.00		\$10.00	11 U.S.C. § 522(d)(5)		
	Zine nem esinedate 702.			100% of fair market value, up to any applicable statutory limit			
	Checking: Chemical Bank Line from Schedule A/B: 17.5	\$2,000.00	•	\$1,000.00	11 U.S.C. § 522(d)(5)		
	Ellie II olii osii oddio 702.			100% of fair market value, up to any applicable statutory limit			
3.	<ul> <li>3. Are you claiming a homestead exemption of more than \$170,350?         (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)     </li> <li>No</li> </ul>						
	☐ Yes. Did you acquire the property cover	ed by the exemption wi	thin 1	,215 days before you filed this case	?		
	□ No						
	☐ Yes						

Fill by this information to idea						
Fill in this information to iden	tify you	r case:				
Debtor 1 Merril E S	Shaw					
First Name		Middle Name Last Name				
Debtor 2 Sherry D	Shaw					
(Spouse if, filing) First Name		Middle Name Last Name				
United States Bankruptcy Court	for the:	EASTERN DISTRICT OF MICHIGAN				
Case number 19-20700						
(if known)				☐ Check	if this is an	
,					led filing	
					.oug	
Official Form 106D						
	itoro	Who Have Claims Secure	d by Proporty	<b>.</b>	40/45	
Scriedule D. Credi	11015	Who Have Claims Secure	a by Propert	<u>y                                    </u>	12/15	
is needed, copy the Additional Pag		f two married people are filing together, both are e out, number the entries, and attach it to this form.				
number (if known).						
1. Do any creditors have claims se	-					
□ No. Check this box and s	submit th	is form to the court with your other schedules.	You have nothing else to	o report on this form.		
Yes. Fill in all of the infor	mation b	pelow.				
Part 1: List All Secured Cla	ime					
			. Column A	Column B	Column C	
		nore than one secured claim, list the creditor separate a particular claim, list the other creditors in Part 2. As	Amount of claim	Value of collateral	Unsecured	
		cal order according to the creditor's name.	Do not deduct the	that supports this	portion	
O. 4. Chana Martagan		Described and the second states	value of collateral.	claim	If any	
2.1 Chase Mortgage  Creditor's Name		Describe the property that secures the claim:	\$71,342.00	\$30,000.00	\$41,342.00	
Creditor's Name		3096 Wilber Ave. Flushing, MI 48433 Genesee County				
700 Kansas Lane		<u>-</u>				
LA4-6945		As of the date you file, the claim is: Check all that apply.				
Monroe, LA 71203		Contingent				
Number, Street, City, State & Zip C	Code	☐ Unliquidated				
		☐ Disputed				
Who owes the debt? Check one.		Nature of lien. Check all that apply.				
■ Debtor 1 only		■ An agreement you made (such as mortgage or se	ecured			
Debtor 2 only		car loan)				
Debtor 1 and Debtor 2 only		☐ Statutory lien (such as tax lien, mechanic's lien)				
☐ At least one of the debtors and a	nother	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to a		Other (including a right to offset)				
community debt						
	_					
Date debt was incurred 07/200	)5	Last 4 digits of account number 6565				
2.2 Credit Acceptance Co	orp.	Describe the property that secures the claim:	\$10,027.00	\$4,900.00	\$5,127.00	
Creditor's Name		2008 Buick Lucerne 142000 miles				
		Location: 2785 Ridge Rd, Harrison				
		MI 48625				
25505 W 12 Mile Road	i	As of the date you file, the claim is: Check all that				
Southfield, MI 48034-1		apply.  Contingent				
Number, Street, City, State & Zip C		☐ Unliquidated				
		☐ Disputed				
Who owes the debt? Check one.		Nature of lien. Check all that apply.				
■ Debtor 1 only		An agreement you made (such as mortgage or so	ecured			
□ Debtor 2 only car loan)						
_ '	Desiring					
☐ Debtor 1 and Debtor 2 only ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ At least one of the debtors and another ☐ Judgment lien from a lawsuit						
☐ Check if this claim relates to a		☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)				
community debt	1	— Other (including a right to offset)				
·						
Date debt was incurred 10/201	R	Last 4 digits of account number 91				

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 2

Debtor 1	Merril E Shaw			Case number (if known)	19-20700
	First Name	Middle Name	Last Name		
Debtor 2	2 Sherry D Shaw				
	First Name	Middle Name	Last Name		
Add th	e dollar value of your e	ntries in Column A on t	his page. Write that number here	s \$81,369	.00
	s the last page of your hat number here:	form, add the dollar val	ue totals from all pages.	\$81,369	.00
Part 2:	List Others to Be N	otified for a Debt Tha	at You Already Listed		
trying to than one	collect from you for a c	debt you owe to someon debts that you listed in	ne else, list the creditor in Part 1	, and then list the collection age	or example, if a collection agency is ncy here. Similarly, if you have more ional persons to be notified for any
	ame, Number, Street, Cit <b>PMorgan Chase B</b>	•	(	On which line in Part 1 did you ente	er the creditor? 2.1
3	415 Vision Dr. columbus, OH 4321	"	l	_ast 4 digits of account number6	<u>8565</u>

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 2 of 2

Fill in this	information to identify your o	case:				
Debtor 1	Merril E Shaw					
	First Name	Middle Name	Last Name			
Debtor 2	Sherry D Shaw					
(Spouse if, filing	ng) First Name	Middle Name	Last Name			
United Sta	tes Bankruptcy Court for the:	EASTERN DISTRICT	OF MICHIGAN			
Case num	ber <b>19-20700</b>					
(if known)	19-20700					neck if this is an
, ,						nended filing
O((; -; -1	Γ 400Ε/Γ					
	Form 106E/F					4044
Schedu	ule E/F: Creditors W	ho Have Unsec	ured Claims			12/15
Schedule D: left. Attach t name and ca	Executory Contracts and Unexpit Creditors Who Have Claims Section the Continuation Page to this pagase number (if known).  List All of Your PRIORITY Un	ured by Property. If more e. If you have no informat	space is needed, copy	the Part you need, fill it out,	number the entr	ries in the boxes on the
1. Do any	creditors have priority unsecured	d claims against you?				
■ No	Go to Part 2.					
☐ Yes						
	List All of Your NONPRIORIT	Y Unsecured Claims				
3. Do any	creditors have nonpriority unsec	ured claims against you?				
☐ No.	You have nothing to report in this pa	art. Submit this form to the	court with your other sch	edules.		
Yes						
unsecu	of your nonpriority unsecured cla red claim, list the creditor separately e creditor holds a particular claim, li	for each claim. For each c	aim listed, identify what t	type of claim it is. Do not list cla	aims already inclu	uded in Part 1. If more
						Total claim
4.1 <b>A</b> (	count Services	Last 4 dig	its of account number	7001		\$457.00
	npriority Creditor's Name	NA//	41 - 1-1-41 10	40/0040	_	
	802 NE Loop 410 STE 400 an Antonio, TX 78217	wnen was	the debt incurred?	12/2018		
	mber Street City State Zip Code	As of the	date you file, the claim	is: Check all that apply		
	no incurred the debt? Check one.		• •	11.7		
	Debtor 1 only	☐ Conting	ient			
	Debtor 2 only	□ Unliqui				
	Debtor 1 and Debtor 2 only	☐ Dispute	ed			
	At least one of the debtors and and	ther Type of No	ONPRIORITY unsecure	d claim:		
	Check if this claim is for a comm	nunity	t loans			
de	bt	☐ Obligat		ration agreement or divorce th	nat you did not	
_	the claim subject to offset?	<u>-</u> .	riority claims	g plans, and other similar debi	te	
-	No	□ Debts t				
	Yes	Other.	Collections Specify Center	s - Genesys Regional N	viedical	

tor 2 Sherry D Shaw		Case number (if known) 19-20700			
Aegis Sciences Corporation	Last 4 digits of account number	3338	Unknow		
Nonpriority Creditor's Name PO Box 645463 Cincinnati, OH 45264-5463	When was the debt incurred?	2017 - 2018			
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply			
Who incurred the debt? Check one.					
Debtor 1 only	☐ Contingent				
Debtor 2 only	☐ Unliquidated				
■ Debtor 1 and Debtor 2 only	☐ Disputed				
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
☐ Check if this claim is for a community	☐ Student loans				
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
Yes	Other. Specify Service De	bt			
Aspen Dental	Last 4 digits of account number	3338	Unknov		
Nonpriority Creditor's Name G3538 Miller Road, Suite A Flint, MI 48507	When was the debt incurred?	Unknown			
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
Debtor 1 only	☐ Contingent				
Debtor 2 only	☐ Unliquidated				
■ Debtor 1 and Debtor 2 only	☐ Disputed				
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
☐ Check if this claim is for a community	☐ Student loans				
debt	☐ Obligations arising out of a separation agreement or divorce that you did not				
Is the claim subject to offset?	report as priority claims				
No	Debts to pension or profit-sharing	g plans, and other similar debts			
Yes	Other. Specify Medical				
Capital One/Menards	Last 4 digits of account number	3281	\$2,145.0		
Nonpriority Creditor's Name PO BOX 30253	When was the debt incurred?	07/2014			
Salt Lake City, UT 84130					
Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply			
Who incurred the debt? Check one.					

Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: lacksquare At least one of the debtors and another ☐ Student loans  $\hfill\square$  Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Revolving - Charge off

Debtor Debtor	<ul><li>1 Merril E Shaw</li><li>2 Sherry D Shaw</li></ul>		Case number (if known) 19-20700					
	CBM Collections	Last 4 digits of account number	3338	Unknown				
	Nonpriority Creditor's Name 300 Rodd St STE 202 Midland MI 48640	When was the debt incurred?	Unknown					
	Midland, MI 48640  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply					
	■ Debtor 1 only	☐ Contingent						
	☐ Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:					
	$\square$ Check if this claim is for a community	Student loans						
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not					
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts					
	☐ Yes	Other. Specify Collections						
4.6	CBM Services	Last 4 digits of account number	2888	\$4,536.00				
	Nonpriority Creditor's Name PO BOX 551 Midland, MI 48640-0551	When was the debt incurred?	04/2018					
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply					
	☐ Debtor 1 only	☐ Contingent						
	☐ Debtor 2 only	☐ Unliquidated						
	Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:					
	☐ Check if this claim is for a community	☐ Student loans	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not					
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts					
	☐ Yes	Other. Specify Collections	s - Midland Radiology Associates					
4.7	Chase Card	Last 4 digits of account number	6565	\$928.00				
	Nonpriority Creditor's Name PO Box 15369	When was the debt incurred?	04/2006					
	Wilmington, DE 19850  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply					
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:					
	☐ Check if this claim is for a community	Student loans						
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not					
	■ No	☐ Debts to pension or profit-sharir	ng plans, and other similar debts					

☐ Yes

■ Other. Specify Revolving - Charge off

	2 Sherry D Shaw		Case number (if known) 19-20700	
4.0	Occurrent Madical Contac	Local Policy Control of the Control		Halan arras
	Nonpriority Creditor's Name	Last 4 digits of account number When was the debt incurred?	Unknown	Unknown
	Detroit, MI 48277-1799  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	☐ Yes	Other. Specify Medical		
4.9	Credit Collection Service Nonpriority Creditor's Name	Last 4 digits of account number	3794	\$4,692.00
	Payment Center PO Box 55126	When was the debt incurred?	02/2018	
	Boston, MA 02205-5126  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim		
	Debtor 1 only	Continuent		
	Debtor 2 only	☐ Contingent ☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	_ '		
	☐ At least one of the debtors and another	☐ Disputed  Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Collections		
4.1	Credit Services of Michigan  Nonpriority Creditor's Name	Last 4 digits of account number	5879	\$5,625.00
	1982 Hemmeter St Saginaw, MI 48603	When was the debt incurred?	08/2018	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharin	•	
	☐ Yes	■ Other Specify Collections	s - RT Care	

Debtor 1	Merril E Shaw		
Debtor 2	Sherry D Shaw	Case number (if known)	19-20700

4.1 1	Detroit Bio Medical Laboratories	Last 4 digits of account number 1396	\$1,232.00			
	Nonpriority Creditor's Name 23955 Freeway Park Dr	When was the debt incurred? 2017 - 2018				
	Farmington, MI 48335-2817  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts				
	Yes	Other. Specify Medical				
4.1	Freedom Life Insurance Company of Americ Nonpriority Creditor's Name	Last 4 digits of account number 0191	Unknown			
	300 Burnett St.	When was the debt incurred? 01/2018				
	Fort Worth, TX 76102  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only ☐ Disputed					
	☐ At least one of the debtors and another					
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts				
	Yes	Other. Specify Service Debt				
4.1 3	Genesys Regional Medical Center	Last 4 digits of account number 3338	Unknown			
	Nonpriority Creditor's Name BOX 773273 3273 Solutions Center	When was the debt incurred? Unknown				
	Chicago, IL 60677  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	■ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	im is for a community				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	No	□ Debts to pension or profit-sharing plans, and other similar debts				
	■ No					
	□ res	Other. Specify Medical				

Debtor 1	Merril E Shaw		
Debtor 2	Sherry D Shaw	Case number (if known)	19-20700
			·

Goodyear/CBNA	Last 4 digits of account number 4854	\$1,895.00
Nonpriority Creditor's Name PO BOX 6497	When was the debt incurred? 06/2015	
Sioux Falls, SD 57117-6497 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another		
☐ Check if this claim is for a community		
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did report as priority claims	not
No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Revolving	
Hurley Medical Center	Look A dimite of account mumber 3338	Unknown
	- Last 4 digits of account number	- CHRIOWII
Dept 771743	When was the debt incurred? Unknown	
PO BOX 77000		
	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	7.6 of the date you me, the stannie. Shook an that apply	
☐ Debtor 1 only	Contingent	
Debtor 2 only		
Debtor 1 and Debtor 2 only	<u> </u>	
	Type of NONPRIORITY unsecured claim:	
	☐ Student loans	
debt	Obligations arising out of a separation agreement or divorce that you did	not
•	<u> </u>	
☐ Yes	Other. Specify Medical	
Internal Revenue Service	Last 4 digits of account number 3338	Unknown
Centralized Insolvency Operation PO BOX 7346	When was the debt incurred? Unknown	
Philadelphia, PA 19101-7346	- Asset de la latera de latera de la latera de la latera de la latera dela latera de la latera de latera de latera de la latera de latera de latera dela lat	
• •	As of the date you file, the claim is: Check all that apply	
	-	
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<u> </u>	<u> </u>	
	•	
_		
		nat
Is the claim subject to offset?	□ Obligations arising out of a separation agreement or divorce that you did report as priority claims	not
•	•	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
	PO BOX 6497  Sioux Falls, SD 57117-6497  Number Street City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset?  No Yes  Hurley Medical Center  Nonpriority Creditor's Name Dept 771743 PO BOX 77000 Detroit, MI 48277-1743  Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No Yes  Internal Revenue Service  Nonpriority Creditor's Name Centralized Insolvency Operation PO BOX 7346 Philadelphia, PA 19101-7346  Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only At least one of the debtors and another Centralized Insolvency Operation PO BOX 7346 Philadelphia, PA 19101-7346  Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	Number Street City State Zip Code   Sioux Falls, SD 57117-6497

Debtor 1	Merril E Shaw		
Debtor 2	Sherry D Shaw	Case number (if known)	19-20700

4.1 7	Laboratory Corporation of America	Last 4 digits of account number 3338	\$1,525.00
	Nonpriority Creditor's Name PO BOX 2240	When was the debt incurred? 2017 - 2018	
	Burlington, NC 27216-2240  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical	
4.1 8	Midland Radiology	Last 4 digits of account number 5879	Unknown
<u> </u>	Nonpriority Creditor's Name 4000 Wellness Dr	When was the debt incurred? Unknown	
	Midland, MI 48640  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical	
4.1 9	MidMichigan Medical Center - Midland	Last 4 digits of account number 5879	Unknown
	Nonpriority Creditor's Name 4000 Wellness Dr	When was the debt incurred? Unknown	
	Midland, MI 48670-0001  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical	

Caust Diagnostics	ry D Shaw		Case number (if known) 19-20700	
PO BOX 740020   Cincinnati, OH 45274-0020   Number Street City State 2/p Code   Obtor 1 only   Contingent   Debtor 2 only   Unliquidated   Disputed   Other. Specify   Medical	Diagnostics	Last 4 digits of account number	3338	\$4,227
Number Street City State Zip Code   Soft the date you file, the claim is: Check all that apply   Soft the date you file, the claim is: Check all that apply   Soft the date you file, the claim is: Check all that apply   Soft the date you file, the claim is: Check all that apply   Soft the date you file, the claim is: Check all that apply   Soft the date you file, the claim is: Check all that apply   Soft the date you file, the claim is: Check all that apply   Soft this claim is for a community debt   Student loans   Student loans   Student loans   Student loans   Soft the claim subject to offset?   Student loans   Soft the claim subject to offset?   Soft the claim subject to offset?   Soft the claim subject to offset?   Soft the date you file, the claim is: Check all that apply   Soft the date you file, the claim	X 740020	When was the debt incurred?	11/2016 - 01/2018	
Who incurred the debt? Check one.    Debtor 1 only		As of the date you file, the claim	is: Check all that apply	
Debtor 2 only		•	,	
Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Is the claim subject to offset? Debts or 2 only Debts or 3 only Debts or 3 only Debts or 4 digits of account number Debtor 1 only Debts or 1 only Debts or 3 only Debts or 4 only Debts or 3 only Debts or 4 only Debts or 5 on	or 1 only	☐ Contingent		
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes □ Other: Specify ■ Other: Specify ■ Medical    Stadent loans □ Debts to pension or profit-sharing plans, and other similar debts   Other: Specify ■ Other: Specify ■ Medical    Stadent loans □ Debts to pension or profit-sharing plans, and other similar debts   Other: Specify ■ Other: Specify ■ Medical    Stadent loans □ Debts to pension or profit-sharing plans, and other similar debts   Stadent loans □ Other: Specify ■ Other: Specify ■ Medical    Stadent loans □ Other: Specify ■ Medical    Stadent loans □ Other: Specify ■ Medical    Stadent loans □ Other: Specify ■ Other: Specify ■ Other: Specify □ Debtor 1 only □ Debtor 1 only □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Debts to pension or profit-sharing plans, and other similar debts □ Other: Specify ■ Other: Other ■ Other ■ Other: Other ■ Other: Other ■ Other	or 2 only			
At least one of the debtors and another   Check if this claim is for a community debt   Student loans   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a se	or 1 and Debtor 2 only			
Check if this claim is for a community debt   Student loans   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority Creditor's Name   Saginaw, MI 48603   When was the debt incurred?   2016-2017   Safinaw, MI 48603   As of the date you file, the claim is: Check all that apply   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Other. Specify   Service Debt      Russell Collection Agency INC   Last 4 digits of account number   O930   Other. Specify   Other. Spe	ist one of the debtors and another	·	d claim:	
Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Debts to pension or profit-sharing plans, and other similar debts		☐ Student loans		
□ Debts to pension or profit-sharing plans, and other similar debts □ Yes □ Other. Specify   Medical □ State 4 digits of account number   2836   State 2016-2017 □ Other. Specify   State Zip Code   When was the debt incurred?   2016-2017 □ As of the date you file, the claim is: Check all that apply □ Other. Specify □ Disputed □ Disput	•	☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
RT Care LLC Nonpriority Creditor's Name 3615 Christy Way E Saginaw, MI 48603 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Russell Collection Agency INC Nonpriority Creditor's Name PO BOX 7009 Flint, MI 48507	aim subject to offset?			
RT Care LLC  Nonpriority Creditor's Name 3615 Christy Way E Saginaw, MI 48603  Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Holeast one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No Pes  Russell Collection Agency INC Nonpriority Creditor's Name PO BOX 7009 Flint, MI 48507  Last 4 digits of account number 2836  Qu16-2017  As of the date you file, the claim is: Check all that apply  When was the debt incurred?  Outle-2017  As of the date you file, the claim is: Check all that apply  When was the debt incurred?  John Contingent Unliquidated Disputed Type of NoNPRIORITY unsecured claim: Student loans Check if this claim is for a community debt Is the claim subject to offset? Service Debt  Last 4 digits of account number O930  When was the debt incurred?  11/2018		☐ Debts to pension or profit-sharir	ng plans, and other similar debts	
Nonpriority Creditor's Name  3615 Christy Way E Saginaw, MI 48603  Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No Debts to pension or profit-sharing plans, and other similar debts Debts Tollection Agency INC  Russell Collection Agency INC  Nonpriority Creditor's Name PO BOX 7009 Flint, MI 48507		Other. Specify Medical		
Saginaw, MI 48603	re LLC	Last 4 digits of account number	2836	\$10,875
Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 4 least one of the debtors and another Debtor 6 NoNPRIORITY unsecured claim: Debtor 8 Student loans Debtor 8 Student loans Debtor 9 NoNPRIORITY unsecured claim: Debtor 9 NoNPRIORITY unsecured claim: Debtor 1 only Debtor 9 NoNPRIORITY unsecured claim:	hristy Way E	When was the debt incurred?	2016-2017	
□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Debts to pension or profit-sharing plans, and other similar debts □ Yes □ Other. Specify ■ Other. Specify ■ Other. Specify ■ OBOX 7009 Flint, MI 48507 □ Contingent □ Unliquidated □ Disputed  Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify ■ O930 ■ 11/2018		As of the date you file, the claim	is: Check all that apply	
□ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify ■ Other. Specify ■ Contingent □ Unliquidated □ Disputed  Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify ■ Other. Specify ■ Other. Specify ■ Other. Specify ■ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify ■ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify ■ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify ■ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify ■ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify ■ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify ■ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify ■ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify ■ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify ■ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify	urred the debt? Check one.			
Debtor 1 and Debtor 2 only  ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ☐ Other. Specify ☐ Service Debt  Russell Collection Agency INC Nonpriority Creditor's Name PO BOX 7009 Flint, MI 48507 ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Service Debt  Last 4 digits of account number ☐ 11/2018 ☐ 11/2018	or 1 only	☐ Contingent		
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes □ Other. Specify ■ Other. Specify ■ Collection Agency INC Nonpriority Creditor's Name PO BOX 7009 Flint, MI 48507 ■ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify ■ Other. Specify ■ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify ■ Disputed  Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify ■ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify ■ Debt Type of NONPRIORITY unsecured claim: □ Student loans □ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify ■ Debt Type of NONPRIORITY unsecured claim: □ Student loans □ Debt Type of NONPRIORITY unsecured claim: □ Student loans □ Debt Type of NONPRIORITY unsecured claim: □ Student loans □ Debt Type of NONPRIORITY unsecured claim: □ Debt	or 2 only	☐ Unliquidated		
Check if this claim is for a community debt  Is the claim subject to offset?  In No  Check if this claim is for a community debt  In No  Check if this claim is for a community debt  In Cobligations arising out of a separation agreement or divorce that you did not report as priority claims  In Debts to pension or profit-sharing plans, and other similar debts  In Other. Specify Service Debt  Russell Collection Agency INC  Nonpriority Creditor's Name  PO BOX 7009  Flint, MI 48507  Flint, MI 48507	or 1 and Debtor 2 only	_ '		
debt	ast one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
debt Is the claim subject to offset?  No Debts to pension or profit-sharing plans, and other similar debts  No Debts to pension or profit-sharing plans, and other similar debts  No Other. Specify  Service Debt  Russell Collection Agency INC Nonpriority Creditor's Name PO BOX 7009 Flint, MI 48507  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  POBOX 7009 When was the debt incurred?  11/2018	k if this claim is for a community	☐ Student loans		
□ Pebts to pension or profit-sharing plans, and other similar debts □ Yes □ Other. Specify Service Debt  Russell Collection Agency INC Nonpriority Creditor's Name PO BOX 7009 Flint, MI 48507 □ Debts to pension or profit-sharing plans, and other similar debts 0930  11/2018	-		aration agreement or divorce that you did not	
Russell Collection Agency INC Nonpriority Creditor's Name PO BOX 7009 Flint, MI 48507  Service Debt  0930  Last 4 digits of account number 11/2018	aim subject to offset?			
Russell Collection Agency INC Nonpriority Creditor's Name PO BOX 7009 Flint, MI 48507  When was the debt incurred?  11/2018		☐ Debts to pension or profit-sharing	ng plans, and other similar debts	
Nonpriority Creditor's Name PO BOX 7009 When was the debt incurred? Flint, MI 48507		Other. Specify Service De	<u>bt</u>	
Nonpriority Creditor's Name PO BOX 7009 When was the debt incurred? Flint, MI 48507	Il Collection Agency INC	Last 4 digits of account number	0930	\$26
	ity Creditor's Name	-	11/2018	<u> </u>
As of the date you file, the claim is: Check all that apply		As of the data you file the slaim	is: Check all that apply	
Who incurred the debt? Check one.		As or the date you file, the Claim	ээ. Опеск ан татарру	
☐ Debtor 1 only ☐ Contingent		Пол		

■ Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans  $\square$  Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collections - Genesee Urgent Care ☐ Yes

Official Form 106 E/F

Debtor 1 Merril E Shaw	
Debtor 2 Sherry D Shaw	Case number (if known)

4.2 3	Schneiderman & Sherman	Last 4 digits of account number	4854	Unknown	
	Nonpriority Creditor's Name 23938 Research Dr STE 300	When was the debt incurred?	02/2019		
	Farmington, MI 48335	Acceptation to the second control of the sec			
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	Пол			
	′	Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed	d alaim.		
	At least one of the debtors and another	Type of NONPRIORITY unsecured  ☐ Student loans	u ciaiii.		
	☐ Check if this claim is for a community debt  Is the claim subject to offset?		aration agreement or divorce that you did not		
	-	Debts to pension or profit-sharing	and other similar debte		
	■ No	·	•		
	Yes	Other. Specify Notification	s - JPMorgan Chase Mortgage n Purposes		
4.2 4	St. Mary's of Michigan	Last 4 digits of account number	3338	Unknown	
	Nonpriority Creditor's Name Box 773274	When was the debt incurred?	Unknown		
	3274 Solutions Center	When was the dest mounted.	Olikilowii		
	Chicago, IL 60677-3002				
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.  ☐ Debtor 1 only	_			
		Contingent			
	Debtor 2 only	Unliquidated			
	Debtor 1 and Debtor 2 only	Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community debt		aration agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims	and the state of t		
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts		
	Yes	Other. Specify Medical			
4.2 5	State of Michigan: Bankruptcy Unit Nonpriority Creditor's Name	Last 4 digits of account number	3338	Unknown	
	PO BOX 30168 Lansing, MI 48909	When was the debt incurred?	Unknown		
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	☐ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharing plans, and other similar debts			
	□ Yes	·	taxes, fees, or other debts		
	□ res	Other. Specify     Applicable	tanes, ices, or other debts		

19-20700

Official Form 106 E/F

Debtor Debtor	Merril E Shaw Sherry D Shaw		Case number (if known) 19-20700	
4.2	THD/CBNA	Last 4 digits of account number	4854	Unknown
	Nonpriority Creditor's Name PO BOX 6497 Sioux Falls, SD 57117	When was the debt incurred?	06/2018	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sep report as priority claims	paration agreement or divorce that you did not	
	■ No	Debts to pension or profit-shari	ng plans, and other similar debts	
	☐ Yes	Other. Specify Revolving		_
4.2	Third Party Withholding Unit Nonpriority Creditor's Name Michigan Department of Treasury	Last 4 digits of account number  When was the debt incurred?	3338 Unknown	Unknown
	PO Box 30785  Lansing, MI 48909  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim		_
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sep report as priority claims	paration agreement or divorce that you did not	
	No	Debts to pension or profit-shari	ng plans, and other similar debts	
	Yes	Other. Specify Civil		_
Part 3:	List Others to Be Notified About a Del	ot That You Already Listed		
5. Use th is tryii have r	is page only if you have others to be notified a ng to collect from you for a debt you owe to so nore than one creditor for any of the debts tha d for any debts in Parts 1 or 2, do not fill out o	bout your bankruptcy, for a debt that meone else, list the original creditor i t you listed in Parts 1 or 2, list the add	n Parts 1 or 2, then list the collection agen	cy here. Similarly, if you
		On which entry in Part 1 or Part 2 did yo		
AMCA		Line <u><b>4.17</b></u> of ( <i>Check one</i> ):	Part 1: Creditors with Priority Unsecured Cl	aims

AMOA	Line 4.11 of (Check one).	Part 1: Creditors with Priority Unsecured Claims	
PO BOX 1235 Elmsford, NY 10523-0935		■ Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number	3338	
Name and Address	On which entry in Part 1 or Part 2 d	id you list the original creditor?	
Credit Services of Michigan	Line <b>4.21</b> of ( <i>Check one</i> ):	☐ Part 1: Creditors with Priority Unsecured Claims	
1982 Hemmeter St Saginaw, MI 48603		■ Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number	7722	
Name and Address	On which entry in Part 1 or Part 2 d	id you list the original creditor?	
Michigan Department of Treasury	Line <b>4.16</b> of ( <i>Check one</i> ):	☐ Part 1: Creditors with Priority Unsecured Claims	
City Tax Administration (BR) P.O. Box 30741 Lansing, MI 48909		Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2 d	id you list the original creditor?	

Schedule E/F: Creditors Who Have Unsecured Claims

Page 10 of 11

Debtor 1 Merril E Shaw Debtor 2 Sherry D Shaw		Case number (if known)	19-20700	
Mid Michigan Medical Center	Line 4.6 of (Check one):	☐ Part 1: Creditors with Priori	ty Unsecured Claims	
4000 Wellness Dr, Midland, MI 48670		Part 2: Creditors with Nonp	riority Unsecured Claims	
midiand, ini 40070	Last 4 digits of account number	3338		
Name and Address	On which entry in Part 1 or Part 2 d	lid you list the original creditor?		
R-1 Medical Financial Solutions	Line <b>4.1</b> of (Check one):	e): Part 1: Creditors with Priority Unsecured Claims		
POB 50871 Kalamazoo, MI 49005		Part 2: Creditors with Nonp	riority Unsecured Claims	
	Last 4 digits of account number	3338		
Name and Address	On which entry in Part 1 or Part 2 d	lid you list the original creditor?		
US Attorneys Office	Line <b>4.16</b> of ( <i>Check one</i> ):	☐ Part 1: Creditors with Priori	ty Unsecured Claims	
211 W Fort St #2300 Detroit, MI 48226-3211		■ Part 2: Creditors with Nonp	riority Unsecured Claims	
,	Last 4 digits of account number			

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				1	otal Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
	01	Or to other	01		otal Claim
Total	6f.	Student loans	6f.	\$	0.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	38,163.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	38,163.00

Fill in this infor	mation to identify your	case:			
Debtor 1	Merril E Shaw				
	First Name	Middle Name	Last Name		
Debtor 2	Sherry D Shaw				
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT C	F MICHIGAN		
Case number	19-20700				
(if known)					Check if this is an
				a	mended filing

## Official Form 106G

# Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

**Northwest Mini Storage** 4170 Commerce Dr # 1 Flushing, MI 48433

**Storage Unit Lease** 

					1
Fill in this	information to identify your	case:			
Debtor 1	Merril E Shaw				
Dobtor 2	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing	ng) Sherry D Shaw First Name	Middle Name	Last Name		
United Stat	tes Bankruptcy Court for the:	EASTERN DISTRICT O	F MICHIGAN		
Case numb	ber <b>19-20700</b>				
(if known)					☐ Check if this is an
					amended filing
Official	l Form 106H				
Sched	lule H: Your Cod	ebtors			12/15
our name	and case number (if known)	. Answer every question			p of any Additional Pages, write
<b>-</b>					
■ No □ Yes	<b>、</b>				
	hin the last 8 years, have you a, California, Idaho, Louisiana,				
■ No	Go to line 3.				
`	s. Did your spouse, former spou	use, or legal equivalent live	e with you at the time?		
in line Form	2 again as a codebtor only i	f that person is a guaran	tor or cosigner. Make	sure you have listed t	ng with you. List the person shown he creditor on Schedule D (Officia Schedule E/F, or Schedule G to fi
(	Column 1: Your codebtor			Column 2: The cr	editor to whom you owe the debt
١	Name, Number, Street, City, State and ZI	P Code		Check all schedul	es that apply:
3.1				☐ Schedule D, lir	ne
	Name			☐ Schedule E/F,	
				☐ Schedule G, lir	ne
	Number Street City	State	ZIP Code	<u> </u>	
	City	State	ZIP Code		
3.2				☐ Schedule D, lir	ne.
	Name			Schedule E/F,	
				☐ Schedule G, lir	
	Number Street	2	<b>715</b> 2	_	
•	City	State	ZIP Code		

Fill	in this information to identify you	r case:							
	btor 1 Merril E S								
	btor 2 Sherry D	Shaw			_				
Uni	ited States Bankruptcy Court for	the: EASTERN DISTRICT	OF MICHIGAN		_				
Cas	se number 19-20700		_			Check if this is:			
(If kn	nown)					An amende	•		
						A supplement 13 income a		postpetition lowing date:	
0	fficial Form 106l					MM / DD/ Y	YYY		
S	chedule I: Your In	come							12/15
atta	use. If you are separated and you a separate sheet to this form  It 1: Describe Employment information.	n. On the top of any additi				ase number (if	known). Ar		
	If you have more than one job,		☐ Employed				oyed		
	attach a separate page with information about additional employers.	Employment status  Occupation	■ Not employed			■ Not e			
	Include part-time, seasonal, or self-employed work.	Employer's name							
	Occupation may include stude or homemaker, if it applies.	nt Employer's address							
		How long employed t	here?						
Par	rt 2: Give Details About	Ionthly Income							
	mate monthly income as of the use unless you are separated.	e date you file this form. If	you have nothing to re	eport for	any lin	e, write \$0 in the	space. Incl	ude your noi	n-filing
	ou or your non-filing spouse have e space, attach a separate shee		ombine the information	n for all e	mploye	ers for that perso	n on the lin	es below. If	you need
					F	or Debtor 1	For Deb non-filin	tor 2 or ig spouse	
2.	List monthly gross wages, s deductions). If not paid month			2.	\$_	0.00	\$	0.00	
3.	Estimate and list monthly ov	ertime pay.		3.	+\$ _	0.00	+\$	0.00	
4.	Calculate gross Income. Add	d line 2 + line 3.		4.	\$_	0.00	\$	0.00	

Case number (if known)

19-20700

			Fo	or Debtor 1		Debtor 2 or -filing spouse	
	Copy line 4 here	4.	\$	0.00	\$	0.00	
5.	List all payroll deductions:						
	5a. Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	0.00	
	5b. Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00	
	5c. Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00	
	5d. Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00	
	5e. Insurance	5e.	\$	0.00	\$	0.00	
	5f. Domestic support obligations	5f.	\$	0.00	\$	0.00	
	5g. Union dues	5g.	\$	0.00	\$	0.00	
	5h. Other deductions. Specify:	_ 5h.+	\$	0.00	+ \$	0.00	
6.	Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	0.00	
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	0.00	
8.	List all other income regularly received:  8a. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00	
	8b. Interest and dividends	8b.	\$	0.00	\$	0.00	
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00	
	8d. Unemployment compensation	8d.	\$	0.00	\$	0.00	
	8e. Social Security	8e.	\$	1,300.00	\$	0.00	
	8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	0.00	
	8g. Pension or retirement income	 8g.	\$	2,600.00	\$	0.00	
	8h. Other monthly income. Specify:	_ 8h.+	\$	0.00	+ \$	0.00	
9.	Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	3,900.00	\$	0.00	
10.	Calculate monthly income. Add line 7 + line 9.	10. \$		3,900.00 + \$		0.00 = \$	3,900.00
	Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.						3,000.00
11.	State all other regular contributions to the expenses that you list in <i>Schedule</i> Include contributions from an unmarried partner, members of your household, your other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not Specify:	depen		•		Schedule J. 11. +\$	0.00
12.	Add the amount in the last column of line 10 to the amount in line 11. The res Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certai</i> applies					12. \$	3,900.00
13.	Do you expect an increase or decrease within the year after you file this form	?				Combine monthly	
	No.						
	Yes. Explain:						

						1		
Fill i	n this informa	tion to identify yo	our case:					
Debt	or 1	Merril E Sha	w			Ch	neck if this is:	
Debt	or 2	Sharm, D.Sh.	•••				J	wing postpotition shorter
	use, if filing)	Sherry D Sha	aw					wing postpetition chapter the following date:
` '							·	
Unite	ed States Bankr	ruptcy Court for the	: EASTE	RN DISTRICT OF MICHIG	AN		MM / DD / YYYY	
Case	number 19	9-20700						
(If kn	nown)							
						J		
Of	ficial Fo	rm 106J						
Sc	hedule	J: Your	Exper	nses				12/15
				. If two married people ar	e filing together, b	oth are ed	qually responsible for	or supplying correct
info	rmation. If m		eded, atta	ch another sheet to this				
		,						
Part 1.	1: Descr Is this a joir	ibe Your House	hold					
١.	□ No. Go to							
	_		in a sonar	ate household?				
			п а зерап	ate nousenoid:				
	■ N		-+ t: - Ott:-:	al Farma 400 L O. Francisco	fan Cananata Have	ahald of D	-h-t O	
	<b>□</b> 10	es. Deptor 2 mus	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	enola of De	eptor 2.	
2.	Do you have	e dependents?	■ No					
	Do not list D	ebtor 1 and	☐ Yes.	Fill out this information for	Dependent's relat		Dependent's	Does dependent
	Debtor 2.			each dependent	Debtor 1 or Debto	r 2	age	live with you?
	Do not state							□ No
	dependents	names.						☐ Yes
								□ No
								☐ Yes ☐ No
								☐ Yes
								□ No
								☐ Yes
3.		enses include f people other t	hon $\blacksquare$	No				
	• ••	d your depende	!!	Yes				
Dort	O: Eatim	ata Vaur Onnai	na Manth	ly Evnence				
Part Esti		ate Your Ongoi		ıy Expenses uptcy filing date unless y	ou are using this f	orm as a	supplement in a Cha	apter 13 case to report
expe	enses as of a			y is filed. If this is a supp				
app	licable date.							
				government assistance i				
	value of suct icial Form 10		d have inc	cluded it on Schedule I: Y	our Income		Your exp	enses
(•		·,						
4.				ses for your residence. I	nclude first mortgag	e ,	Φ.	0.00
	payments ar	nd any rent for th	e ground o	or lot.		4.	\$	0.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a.	\$	92.00
		rty, homeowner's	s, or renter	's insurance		4b.		33.00
				upkeep expenses		4c.	·	100.00
_		owner's associat				4d.	· · -	0.00
5.	Additional r	nortgage payme	ents for yo	our residence, such as ho	me equity loans	5.	\$	0.00

Schedule J: Your Expenses 19-20700-dob Doc 10 Filed 04/18/19 Entered 04/18/19 16:13:59 Page 31 of 47 Official Form 106J

	otor 1 otor 2	Merril E Sherry D		Case num	ber (if known)	19-20700
6.	Utiliti	ies:				
	6a.		, heat, natural gas	6a.	\$	300.00
	6b.	Water, sev	wer, garbage collection	6b.	\$	0.00
	6c.	Telephone	e, cell phone, Internet, satellite, and cable services	6c.	\$	220.00
	6d.	Other. Spe	ecify: Cable & Internet	6d.	\$	200.00
7.	Food		ekeeping supplies	7.	\$	700.00
8.	Child	dcare and c	children's education costs	8.	\$	0.00
9.	Cloth	ning, laund	ry, and dry cleaning	9.	\$	150.00
10.	Perso	onal care p	products and services	10.	\$	75.00
11.	Medi	cal and de	ntal expenses	11.	\$	515.00
12.	Trans	sportation.	. Include gas, maintenance, bus or train fare.			200.00
			ar payments.	12.	· -	390.00
			clubs, recreation, newspapers, magazines, and books	13.	·	100.00
			ributions and religious donations	14.	\$	0.00
15.		rance.				
		ot include in Life insura	nsurance deducted from your pay or included in lines 4 or 20.	15a.	¢	0.00
				15a. 15b.	·	0.00
		Health ins		15b. 15c.	·	0.00
		Vehicle in				300.00
40			urance. Specify:	15d.	<b>a</b>	0.00
16.	Spec		clude taxes deducted from your pay or included in lines 4 or 20.	16.	¢	0.00
17		,	ease payments:		Ψ	0.00
17.			ents for Vehicle 1	17a.	\$	295.00
			ents for Vehicle 2	17b.	·	0.00
		Other. Spe		17c.	·	0.00
		Other. Spe	·	17d.	·	0.00
18.		•	of alimony, maintenance, and support that you did not report as			0.00
			your pay on line 5, Schedule I, Your Income (Official Form 106I).		\$	0.00
19.			s you make to support others who do not live with you.		\$	0.00
	Spec	ify:		19.		
20.			erty expenses not included in lines 4 or 5 of this form or on Sche			
	20a.	Mortgages	s on other property	20a.	·	0.00
		Real estat		20b.	·	0.00
			homeowner's, or renter's insurance	20c.	· ·	0.00
			nce, repair, and upkeep expenses	20d.	·	0.00
			er's association or condominium dues	20e.	*	0.00
21.	Othe	<b>r:</b> Specify:	Home Security	21.	+\$	52.00
	Ciga	rettes			+\$	200.00
	Pet (				+\$	75.00
		age Unit			+\$	50.00
	Chri	stmas and	d Birthdays		+\$	25.00
22	Calci	ulate vour i	monthly expenses			
			through 21.		\$	3,872.00
			2 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	3,072.00
			a and 22b. The result is your monthly expenses.		\$	2.072.00
	220. /	Aud IIIIe 22	a and 22b. The result is your monthly expenses.		Φ	3,872.00
23.			monthly net income.			
	23a.	Copy line	12 (your combined monthly income) from Schedule I.	23a.	\$	3,900.00
	23b.	Copy your	r monthly expenses from line 22c above.	23b.	-\$	3,872.00
					-	
	23c.		our monthly expenses from your monthly income.	220	e e	28.00
		The result	is your monthly net income.	23c.	\$	20.00
24.	For ex modifi	kample, do yo ication to the	an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect you terms of your mortgage?			ease or decrease because of a
	■ No		[			
	□ Ye	es.	Explain here:			

Fill in this infor	mation to identify your			
Debtor 1	Merril E Shaw			
	First Name	Middle Name	Last Name	
Debtor 2	Sherry D Shaw			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F MICHIGAN	
Case number	19-20700			
(if known)	10 20100			Check if this is an amended filing

Official Form 106Dec

# **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below			
Did y	ou pay or agree to pay someone who is NOT an attorney to h	elp	you fill out bankrupt	cy forms?
<b>I</b>	No			
	Yes. Name of person			Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
that th X /s, M Si	penalty of perjury, I declare that I have read the summary an ey are true and correct.  / Merril E Shaw erril E Shaw gnature of Debtor 1 ate April 18, 2019	d s		

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules** 

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Best Case Bankruptcy

Fill in t	this inform	ation to identify you	r case:				
Debtor	1	Merril E Shaw					
		First Name	Middle Name		Last Name		
Debtor		Sherry D Shaw	Middle Nesse		Lost Name		
(Spouse i	ir, filing)	First Name	Middle Name		Last Name		
United	States Ban	kruptcy Court for the:	EASTERN DISTRICT	OF MICH	IGAN		
Case n	umber 1	9-20700					
(if known)							Check if this is an
							amended filing
O.(;;	–	407					
	ial For					_	
State	ement	of Financial	Affairs for Indiv	/idual	s Filing for E	Bankruptcy	4/19
						equally responsible for s	
		ore space is needed ). Answer every que		to this fo	orm. On the top of an	y additional pages, write	your name and case
	(II KIIOWII)	j. Aliswei every que	Stion.				
Part 1:	Give De	etails About Your Ma	arital Status and Where Y	ou Lived	Before		
1. Wł	nat is your	current marital state	ıs?				
_							
	Married	:					
Ц	Not marr	iea					
2. Du	ring the la	st 3 years, have you	lived anywhere other that	an where	you live now?		
_	No						
_		all of the places you	lived in the last 3 years. Do	not inclu	ide where you live nov	٧.	
			·		·		
D	ebtor 1 Pri	or Address:	Dates Debtor lived there	r 1	Debtor 2 Prior A	ddress:	Dates Debtor 2 lived there
						nity property state or terri	tory? (Community property
siaics a	ina territorio	3 molade Anzona, Oc	illiornia, idano, Lodisiana, i	ivovada, i	vew mexico, i deito i	iloo, Toxas, Washington an	a wisconsin.)
	No						
	Yes. Mak	ce sure you fill out Sc	hedule H: Your Codebtors	(Official F	orm 106H).		
Part 2	Explain	the Sources of You	ır İncome				
4. Die	d you have	any income from e	nployment or from opera	ting a bu	siness during this y	ear or the two previous c	alendar years?
			ou received from all jobs and have income that you rece				
y	ou are ming	g a joint oade and you	mave moome that you reov	cive loge	and, not it only office a	nder Debter 1.	
	No						
	Yes. Fill i	in the details.					
			Debtor 1			Debtor 2	
			Sources of income	Gro	oss income	Sources of income	Gross income
			Check all that apply.	(be	fore deductions and	Check all that apply.	(before deductions

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

	btor 1 btor 2		rril E Sha erry D Sh					Cas	e number (if known)	19-20700	
5.	Include and oth	e inco her p	ome regard ublic bene	lless of whet fit payments	her that inco ; pensions; r	ome is taxable. Ex ental income; inte	amples o rest; divi	us calendar years? If other income are a dends; money collectived together, list it o	alimony; child supp cted from lawsuits;	royalties; an	ecurity, unemployment, d gambling and lottery
	List ea	ich s	ource and t	the gross inc	ome from ea	ach source separa	ately. Do	not include income t	hat you listed in lin	ne 4.	
	ПΝ	lo.									
	_		ill in the de	etails.							
					Debtor 1 Sources Describe	of income below.	each (befo	s income from source re deductions and sions)	Debtor 2 Sources of inc Describe below		Gross income (before deductions and exclusions)
			lar year: December	31, 2018 )	Pension	& Annuities		\$41,084.00			
					Social S Benefits			\$19,920.00			
			ar year be December		Pension	& Annuities		\$36,113.00			
					Social S Benefits			\$19,536.00			
	<b>■</b> Y	es.	individual puring the No. Yes  * Subject  Debtor 1 c During the  No. Yes	90 days bef Go to line List below paid that c not include to adjustmen  or Debtor 2 90 days bef Go to line List below include pa attorney for	a personal, if ore you filed 7. each creditor. Do re payments into a 4/01/22 or both have fore you filed 7. each creditor.	family, or household for bankruptcy, don't to whom you panet include payment of an attorney for to an attorney for the primarily consist of for bankruptcy, don't to whom you panet to whom you panet to company to consist of the primarily consist o	lid you pa lid you pa aid a total nts for do this bank rs after th umer del lid you pa aid a total obligation	ny any creditor a total of \$6,825* or more imestic support obligation of the cases filed on the cases filed	in one or more pay gations, such as ch or after the date o al of \$600 or more? d the total amount port and alimony.	re? /ments and the id support a f adjustment o you paid that Also, do not i	nd alimony. Alsó, do t creditor. Do not nclude payments to an
	Credi	itor's	Name and	d Address		Dates of payme	ent	Total amount paid	Amount you still owe	Was this p	payment for
7.	Insider of which a busin alimon	rs incoch you ness by.	lude your r u are an of you operat	elatives; any ficer, directo	y general pa or, person in proprietor. 1	rtners; relatives of control, or owner	f any gen of 20% o		erships of which yo g securities; and ar	u are a gene ny managing	ral partner; corporations agent, including one fo
			Name and			Dates of payme	ent	Total amount	Amount you	Reason fo	r this payment
								paid	still owe		
8.	Within	1 ye	ear before	you filed fo	r bankrupto	cy, did you make	any pay	ments or transfer a	ny property on a	ccount of a	debt that benefited an
Offic	cial Form	107			Staten	nent of Financial Af	fairs for li	ndividuals Filing for B	Bankruptcy		page :

Statement of Financial Affairs for Individuals Filing for Bankruptcy

	otor 1 otor 2	Merril E Shaw Sherry D Shaw		Case	e number ( <i>if known</i> )	19-20700					
	inside Includ	er? e payments on debts guaranteed or cosi	gned by an insider.								
	_	No 'es. List all payments to an insider									
		er's Name and Address	Dates of payment	Total amount	Amount you		this payment				
				paid	still owe	Include cred	itor's name				
Par		Identify Legal Actions, Repossession									
9.	List al	n 1 year before you filed for bankruptc I such matters, including personal injury of cations, and contract disputes.									
		No Yes. Fill in the details.									
	Case		Nature of the case	Court or agency		Status of th	e case				
	Case	number									
10.		n 1 year before you filed for bankruptc a all that apply and fill in the details below		rty repossessed, fo	oreclosed, garnis	ned, attached	I, seized, or levied?				
	_ `	No. Go to line 11. Yes. Fill in the information below.									
	Cred	itor Name and Address	Describe the Property		Date		Value of the property				
			Explain what happened				,				
11.	Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?  No  Yes. Fill in the details.										
		itor Name and Address	Describe the action the	creditor took	Date a	ection was	Amount				
40	\A/:41-:-	A was before you filed for hardwards			taken	for the bone	fit of anothing a				
12.		n 1 year before you filed for bankruptc -appointed receiver, a custodian, or an		rty in the possessi	on of an assignee	tor the bene	erit of creditors, a				
	_	No									
		⁄es									
Par	t 5:	List Certain Gifts and Contributions									
13.	<b>I</b>	n 2 years before you filed for bankrupt No	cy, did you give any gifts	with a total value	of more than \$600	) per person?	?				
		es. Fill in the details for each gift.	Describe the wifte		Datas		Value				
		with a total value of more than \$600 person	Describe the gifts		the gi	you gave fts	Value				
	Pers Addr	on to Whom You Gave the Gift and ess:									
14.	_	n 2 years before you filed for bankrupt	cy, did you give any gifts	or contributions w	vith a total value o	of more than	\$600 to any charity?				
	_ '	es. Fill in the details for each gift or cont	ribution.								
	more Char	or contributions to charities that tota than \$600 ity's Name	I Describe what you	contributed	Dates contri	•	Value				
	Addr	ess (Number, Street, City, State and ZIP Code)									

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

	otor 1 otor 2	Merril E Shaw Sherry D Shaw			Case number (	if known)	19-20700	
Par	t 6:	List Certain Losses						
15.		n 1 year before you filed for bankr mbling?	uptcy or	since you filed for bankruptcy, did	you lose anyth	ning bec	ause of thef	t, fire, other disaster
		No Yes. Fill in the details.						
		cribe the property you lost and the loss occurred	Include	be any insurance coverage for the the amount that insurance has paid. the claims on line 33 of Schedule A/B	List pending	Date o	f your	Value of property lost
Par	t 7:	List Certain Payments or Transfe	rs					
	Includ	ulted about seeking bankruptcy or de any attorneys, bankruptcy petition	rpreparin	d you or anyone else acting on you g a bankruptcy petition? , or credit counseling agencies for se				ty to anyone you
		No Yes. Fill in the details.						
	Addr Emai	on Who Was Paid ress il or website address on Who Made the Payment, if Not	You	Description and value of any properties transferred	perty		ayment sfer was	Amount of payment
	1109 Sagi	orney Robert Shelton, PLC 9 Court St. (2nd floor) inaw, MI 48602 yershelton@gmail.com		Attorney Fees		10/08/ \$100 12/19/ \$100 02/13/ \$100 03/19/ \$100	/18 = /19 =	\$400.00
	promi		editors or	d you or anyone else acting on you to make payments to your credito d on line 16.		r transfe	er any proper	ty to anyone who
	_	No Yes. Fill in the details.						
		on Who Was Paid		Description and value of any propertions	perty		ayment sfer was	Amount of payment
	transf Includ includ	ferred in the ordinary course of yo	our busine rs made a	s security (such as the granting of a		-		
	Pers Addr	on Who Received Transfer ress		Description and value of property transferred	Describe a payments paid in exc	received		Date transfer was made
	Within benef	on's relationship to you  n 10 years before you filed for ban ficiary? (These are often called asse No Yes. Fill in the details.		did you transfer any property to a son devices.)	self-settled tru	st or sin	nilar device o	of which you are a
		e of trust		Description and value of the prop	perty transferre	ed		Date Transfer was made

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Merril E Shaw Debtor 1 Debtor 2 Sherry D Shaw

Case number (if known) 19-20700

Pai	tt 8: List of Certain Financial Accounts, In	struments, Safe Deposi	t Boxes, and S	Storage Unit	s							
20.	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.											
	■ No											
	Yes. Fill in the details.											
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of accinstrument	ount or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer						
21.	Do you now have, or did you have within 1 cash, or other valuables?	year before you filed for	r bankruptcy, a	any safe de <sub>l</sub>	posit box or other depos	tory for securities,						
	No											
	☐ Yes. Fill in the details.											
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe	the contents	Do you still have it?						
22.	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?											
	□ No											
	Yes. Fill in the details.											
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or to it? Address (Number, State and ZIP Code)		Describe	the contents	Do you still have it?						
	Northwest Mini Storage 4170 Commerce Dr # 1 Flushing, MI 48433	Merril E Shaw 2785 Ridge Rd Harrison, MI 48	625		l belongings and susehold furnishings	□ No ■ Yes						
		Sherry D Shaw 2785 Ridge Rd Harrison, MI 48	625									
Pai	rt 9: Identify Property You Hold or Control	I for Someone Else										
23.	Do you hold or control any property that so for someone.	omeone else owns? Incl	ude any prope	erty you bor	rowed from, are storing f	or, or hold in trust						
	■ No □ Yes. Fill in the details.											
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe	the property	Value						
Pai	t 10: Give Details About Environmental Inf	formation										

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 5

Official Form 107

Debtor 1 Merril E Shaw Debtor 2 Sherry D Shaw

Case number (if known) 19-20700

24.	Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?							
		No						
		Yes. Fill in the details.						
		ne of site dress (Number, Street, City, State and ZIP Code)		Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice	
25.	Have	e you notified any governmental unit of	any i	release of hazardous material?				
		No Yes. Fill in the details.						
		ne of site dress (Number, Street, City, State and ZIP Code)		Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice	
26.	Hav	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.						
		No Yes. Fill in the details.						
		se Title se Number		Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ature of the case	Status of the case	
Par	t 11:	Give Details About Your Business or	Conr	nections to Any Business				
		– nin 4 years before you filed for bankrup				f the following connections to any	, business?	
21.	WILL		•		•		, business:	
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time							
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)							
	☐ A partner in a partnership							
	☐ An officer, director, or managing executive of a corporation							
	☐ An owner of at least 5% of the voting or equity securities of a corporation							
	No. None of the above applies. Go to Part 12.							
	Yes. Check all that apply above and fill in the details below for each business.							
	Add	Address		scribe the nature of the business		Employer Identification number Do not include Social Security number or ITIN.		
	(Namber, Street, Sity, State and 211 State)		ivai			Dates business existed		
		lithin 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial stitutions, creditors, or other parties.						
		No Yes. Fill in the details below.						
		ne dress nber, Street, City, State and ZIP Code)	Dat	e Issued				

Debtor 1 Debtor 2	=			Case number (if known)	19-20700	
Part 12:	Sign Below					
are true with a ba	ad the answers on this <i>Statement of Fr</i> and correct. I understand that making ankruptcy case can result in fines up to . §§ 152, 1341, 1519, and 3571.	a false statement,	concealing proper	rty, or obtaining money or		
/s/ Mer	ril E Shaw	/s/ Sh	erry D Shaw			
Merril I	E Shaw	Sherr	Sherry D Shaw			
Signature of Debtor 1		Signat	Signature of Debtor 2			
Date _	April 18, 2019	Date	April 18, 2019			
Did you	attach additional pages to <i>Your Staten</i>	nent of Financial	Affairs for Individua	als Filing for Bankruptcy (	Official Form 107)?	
■ No	- <del>-</del>				•	
☐ Yes						

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

■ No

# United States Bankruptcy Court Eastern District of Michigan

	Eastern District of Michigan			
	l E Shaw y D Shaw	Case No.	19-20700	
Sileii	Debtor(s)	Chapter	7	_
	STATEMENT OF ATTORNEY FOR DEBTOR(S) PURSUANT TO F.R.BANKR.P. 2016(b)			
The ur	dersigned, pursuant to F.R.Bankr.P. 2016(b), states that:			
The ur	dersigned is the attorney for the Debtor(s) in this case.			
The co	mpensation paid or agreed to be paid by the Debtor(s) to the undersigned is: [Check or	ne]		
[ <b>X</b> ]	FLAT FEE	-		
A.	For legal services rendered in contemplation of and in connection with this case, exclusive of the filing fee paid	· 1,	,000.00	
B.	Prior to filing this statement, received		400.00	
C.	The unpaid balance due and payable is	-	600.00	
[]	RETAINER			
A.	Amount of retainer received			
In retu	of the filing fee has been paid.  In for the above-disclosed fee, I have agreed to render legal service for all aspects of the not apply.]	ne bankrupto	ey case, including: [Cross out an	ıy
A.	Analysis of the debtor's financial situation, and rendering advice to the debtor in de	termining w	hether to file a petition in	
ъ	bankruptcy;		. ,	
В. С.	Preparation and filing of any petition, schedules, statement of affairs and plan whice Representation of the debtor at the meeting of creditors and confirmation hearing,			
<del>D.</del> —	Representation of the debtor in adversary proceedings and other contested bankrup		_	
E. <del>F.</del>	Reaffirmations; —Redemptions;			
G.	Other:			
By agr	eement with the debtor(s), the above-disclosed fee does not include the following serv Limitations are Lien Avoidances, Redemption Agreements, Garnishme examinations), and Adversary Proceedings pursuant to the post-petiti Also, per the post-petition Fee Agreement - monies collected, if any, from the used to offset other fees owed to Attorney Robert Shelton, PLC and 2016(b) statement.  Also for Chapter 7 cases only: Debtor(s) have paid a fee, noted above, time of the filing of this case, there were no additional pre-petition attorishments.	ent recove on fee agr com garnis d would be for all pre orney fees	eement signed by Debtor(siched fund recoveries might e reflected on an amended e-petition services. At the	

XX

A. B.

The source of payments to the undersigned was from:

6.

Debtor(s)' earnings, wages, compensation for services performed

Other (describe, including the identity of payor)

7. The undersigned has not shared or agreed to share, with any other person, other than with members of the undersigned's law f corporation, any compensation paid or to be paid except as follows:			
Dated:	April 18, 2019	/s/ Robert Shelton	
		Attorney for the Debtor(s)	
		Robert Shelton P81288	
		Attorney Robert Shelton, PLC	
		1109 Court St. (2nd floor)	
		Saginaw, MI 48602	
		989-401-4456 lawyershelton@gmail.com	
Agreed:	/s/ Merril E Shaw	/s/ Sherry D Shaw	
	Merril E Shaw	Sherry D Shaw	
	Debtor	Debtor	

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

#### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the Chapter 7 Means Test Calculation (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the Chapter 7 Means Test Calculation (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the Means Test, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called exempt property. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on Schedule C: The Property You Claim as Exempt (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

#### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

#### Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy\_form s.html#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on Voluntary Petition for Individuals Filing for Bankruptcy (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together-called a joint case. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

#### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days before you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

# United States Bankruptcy Court Eastern District of Michigan

In re	Merril E Shaw Sherry D Shaw		Case No.	19-20700
		Debtor(s)	Chapter	7
The abo	VERIFICAT  ove-named Debtors hereby verify that the attack	CION OF CREDITOR MA		of their knowledge.
Date:	April 18, 2019	/s/ Merril E Shaw Merril E Shaw		
		Signature of Debtor		
Date:	April 18, 2019	/s/ Sherry D Shaw		
		Sherry D Shaw Signature of Debtor		